## MULTIPLE DEPENDENT CLAIM SERIAL NO. FILING DATE FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875) **CLAIMS** AFTER AS FILED AFTER I"AMENDMENT 1 "AMENBMENT AFTER AS FILED AFTER IND. I"AMERDMENT DEP. IND. 1 MAMENDMENT DEP. IND. DEP. IND. DEP. IND. DEP. IND. DEP. <u>63</u> TOTAL IND A A TOTALEX T A TOTAL DEF **∳**□ TOTAL DEP **⟨**¤ TOTAL TOTAL

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